

**JEFF ADORADOR, LMFT 80129**

**LICENSED MARRIAGE AND FAMILY THERAPIST**

Compassionate, Solution Focused Counseling for Individuals, Couples, & Youth

## DISCLOSURE STATEMENT AND AGREEMENT FOR SERVICES

### *Attendance and Cancellation Policies*

Effective therapy requires a full session, so please **be prompt** and arrive on time for your session. Your consistent attendance greatly contributes to a successful outcome of your treatment.

It is understandable that you may have to miss an appointment. You are expected to cancel your appointment at least 24 hours in advance. **A cancelled appointment less than 24 hours is subject to charges of the agreed upon counseling fee.**

### *Confidentiality*

All communication between you and your therapist will be held in strict confidence unless you provide written permission to release information about your treatment. However, there are exceptions to confidentiality. **Therapists are required, by law, to report instances of suspected child and/or elder abuse. Therapists may be required and/or permitted to break confidentiality when they have determined that a client presents a serious danger of physical harm to another person and/or when a client is dangerous to him or herself.**

### **Minors and Confidentiality**

Communications between therapists and minors (under the age of 18) are confidential. However, parents and guardians who provide authorization for their child's treatment are often involved in their treatment. Consequently, the therapist may exercise his professional judgment and discuss treatment progress of a minor to a parent and/ or guardian. Parents and clients who are minors are urged to discuss any questions or concerns regarding this issue.

### **Dual Relationships**

Not all dual relationships are unethical or avoidable. Clients and the therapist may at times cross paths out in the community. The therapist will not acknowledge working with anyone without his/her permission and always carefully assess before a dual relationship is formed. Dual relationships can enhance therapeutic effectiveness but can also detract from the therapeutic process. It is the client's responsibility to communicate if a dual relationship becomes uncomfortable. Please note, therapy NEVER involves sexual relationships and/or any other dual relationship that impairs objectivity, clinical judgment or therapeutic effectiveness.

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### *Therapist Availability and Emergencies*

You may phone or email your therapist at any time during regular working hours (8:00am – 6:00pm) to leave a message. I will not return calls or emails after 7:00 pm in the evening and on the weekends. Please note that email and/or text messaging are not confidential means of communication. **By signing below, you acknowledge that communicating via text message and/or email is not a confidential means of communication.**

If you have an urgent need to speak with the therapist, please state your need in the message. **In the event of a mental health emergency or an emergency involving a danger to your safety or the safety of others, please call 911 to request emergency assistance or the Placer county Crisis Line at 888-886-5401.**

### *About the Therapy Process*

You have the right to know your therapist's professional background. It is acceptable and is encouraged that you discuss/inquire about your therapist's training, experience and credentials.

It is my intention to provide professional counseling services that help you meet your particular needs. Based upon your situation and stated concerns, I will use a variety of therapeutic approaches that range from gaining insight into the history of a problem, to remaining present in the "here and now," in order to help you create solutions. Examples of specific interventions that I may facilitate are, providing support, providing referrals to outside services, provide education, help setting goals and create objectives specific to your needs. If necessary, I will coordinate my services with your medical doctor, psychiatrist, etc. if you sign appropriate releases.

An important part of your therapy includes giving me feedback on the process. If for any reason, I am unable to meet your therapeutic needs, I will work with you to locate another therapist by provide multiple referral options.

### *Termination of Therapy*

You may discontinue therapy at any time. However, you are responsible for the remaining balance for the services received. If you or I determine that you are not benefitting from treatment, either one of us, may elect to discuss treatment alternatives. Treatment alternatives may include, changing your treatment plan, referring out to another therapist, or the termination of therapy.

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*In Case of Emergency*, I am required by law to contact someone close to you. If there is an emergency during our work together and/or I become concerned about your personal safety and/or safety of another I may contact the following person:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Contact Email: \_\_\_\_\_

*Signature of Understanding and Agreement*

Please ask me any questions and/or concerns that you may have regarding the information provided before signing this document.

**I do hereby seek and consent to take part in therapeutic treatment with Jeff Adorador, LMFT 80129. I acknowledge that I have received and understand the information that I have obtained regarding the therapy I am considering. I have had all my questions answered. My signature below indicates that I have read this agreement for services carefully, understand and agree to its contents.**

\_\_\_\_\_  
*Client Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name*

**Therapist's Statement**

I, Jeff Adorador, LMFT, have discusses the above issues with the client (and/or his/her parent/guardian or other representative).

\_\_\_\_\_  
*Therapist Signature*

\_\_\_\_\_  
*Date*